

MARGIN RESERVED FOR BINDING

USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

(This return should preferably be made by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH County Registrar's No.*

Place of Birth Greene County Gila No. 529 So. Hill St.

SEX OF CHILD* Twin Triplet or other? { and { Number in order of birth

DATE OF BIRTH* Nov. 26 1929
(Month) (Day) (Year)

FULL* NAME FATHER William Tobiasa Walters

FULL* MAIDEN NAME MOTHER Viola Marie King

I HEREBY CERTIFY that the child described herein has been named

William Tobiasa Walters
(Give name in full) (Surname)

Viola Walters Lindmark
(Parent's Signature)

(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.

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662-1126-589

183